

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18858

State File No.

16
14
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 2109

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>403 S. Elm 511</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN WILLIAM</u> b. (Middle) <u>WHITCOMB</u> c. (Last) <u>WHITCOMB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct 16-1911</u>
9. AGE (In years last birthday) <u>37</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>musician</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (If under 1 year last birthday) Months <u>8</u> Days <u>2</u> Hours <u>2</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Charleston Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Pearl Whitcomb</u>		13b. MOTHER'S MAIDEN NAME <u>Vergie Johnson</u>	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Whitcomb, Charleston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Urteral Transplant</u> DUE TO (c) <u>Tuberculosis + Urteral fistula</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Urteral Stricture</u>	
19a. DATE OF OPERATION <u>Nov. 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Complete obstruction with multiple fistulae and sinuses</u>	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Aug. 1948</u> to <u>6-18, 1949</u> , that I last saw the deceased alive on <u>6-18, 1949</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>801a Beaudry</u>	
23c. DATE SIGNED <u>6-30-49</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>6-21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u> ADDRESS <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-30-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	

RECEIVED 7-5-49

District Health Officer No. 4

District File Number 749-870

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.